

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							10/15/54 077						
							APPLICANT						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1												
TOTAL DEP.	19												
TOTAL CLAIMS	20												
		↓			↓			↓					
		←			←			←					

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43							93						
44							94						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1												
TOTAL DEP.	19												
TOTAL CLAIMS	20												
		↓			↓			↓					
		←			←			←					